

Foster Family Home - Corrective Action Report

Provider ID: 1-130027

Home Name: Marjorie Yago, CNA

94-206 Kupuna Loop

Waipahu

HI 96797

Review ID: 1-130027-9

Reviewer: David Ayling

Begin Date: 10/8/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Annual unannounced visit for a 3 person CCFFH. Completed annual review. No deficiencies.

Compliance Manager

Primary Care Giver

Date

Date